

# **HRSA Tribal MH Roundtable**

**April 7, 2009**

## **Meeting Notes**

Blessing and Introductions.

Roger introduces 6 points for “journey” he envisions. Journey is long-term and not agenda for this meeting. Points are:

1. Clarify requirements to be billing providers
2. Clarify who can bill as a billing practitioner
3. Identify what are the service modalities for billing the Encounter Rate
4. Identify the services for not billing encounter rate, i.e., fee-for-service
5. Identify the conditions for determining presence of medical necessity
6. Discuss what diagnostic codes to use

Brief discussion initiated by Tribal representative about CMS audit of Lummi and its implications.

Shoalwater Bay Tribal representative mentioned that they had been audited by OFR. Audit issue was reported to involve multiple encounter rate billings for same day. Brief mention that billing rules allowed four different categories of encounter rate billing in any given day.

Discussion ensued regarding state’s right to audit Tribal Providers, state not acknowledging government-to-government status.

Roger stated that if entity elects to participate in providing and billing Medicaid services, that entity is subject to the rules governing Medicaid and oversight.

General discussion disputing whether or not Tribal Providers were subject to Medicaid rules and whether state had jurisdiction. Discussion of sovereignty and government-to-government relations ensued.

It was suggested by Tulalip representative that Doug Porter would advocate for Tribes with CMS to have diminished CMS oversight and requirements. It was also suggested that there was a “different tone in CMS” with new presidential administration. Implication was that CMS requirements and oversight may be much more flexible and state should take that into consideration.

Ed reminded state that Tribes are governments, and that while states can say things, Tribes do not have to follow those guidelines/requirements.

It was suggested that Tribes, as governments, have the right through Treaty to license their own mental health counselors and that those licenses would have to be honored outside the Tribe, i.e., meet state and Federal requirements for licensure and payment.

A brief discussion of the role of, and need for, Tribal healers ensued. Potential issue would be, how can Tribal healers bill for their services. Issue was tabled.

Marilyn Scott asked what the purpose of this Roundtable was and requested a walk-through of the State Plan.

Martha Holliday suggested that while state leaders acknowledge the government-to-government relationship between the state and Tribes, the message is not passed to the lower state echelons.

Discussion of purpose of Roundtable continued. Roger stated that part of it was to produce a document that would lead to formal consultation process.

Roger presented the Accreditation / certification- 4 Option chart and explained each slide. During Roger's presentation, the following issues for further discussion/action emerged:

- The functioning and process of getting on, and meaning of being on, the IHS Facility List.
- The mechanics of MHD/HRSA developing a credentialing process for Tribal Providers which would be roughly analogous to the licensure process, but not as "concrete".
- Have a workgroup explore the possibility of existing Tribal facilities acting as an "umbrella" agency with smaller Tribal providers living under the umbrella and functioning on the umbrella's credentialing status.
- Small Tribes cannot get professional supervision for their clinical staff, so they can accumulate hours for licensure of MHP standing.
- Process for reviewing IHS Mental Health rules and producing tool for providers to self-assess and then attest to their meeting IHS standards for mental health.

- It was observed that Yakima, Colville and Spokane may be IHS operated facilities. It was also suggested that prior IHS facilities might be considered under Option 4 as well.

Brief discussion by some tribal representatives about not getting through the agenda again and wishing that we could have gone over State Plan.

Date not set for next Roundtable.

#### FOLLOW\_UP ACTIVITIES

Request from tribal representative to look for alternatives such as web conferences to follow up with meeting. Cost to participate is too high for travel as well as staff time, but tribal reps want to participate. Conference calls just do not work well.

- HRSA committed to host follow up meeting -conference calls or web meetings to continue the presentation of tribal modalities, Medical necessity
- Committed to take accreditation issue to MH EL for commitment to processes presented. Workgroup meeting to be present process on accreditation credentialing of facilities.
- Follow – up discussion to explore Peer counselors and curriculum for tribal providers
- HRSA agreed to divide workgroups by participants/reps that are needed to participate
- HRSA will partner with tribes to clarify in updated billing instructions

Meeting ended